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A PUBLICATION FOR TRICARE $^{ ext{@}}$ PRIME BENEFICIARIES

Healthy Living ...

A New Year and a New You

re you ready to lose weight or make other lifestyle changes to improve your overall health? Now is a great time to think about the health goals you want to achieve in the new year. Weight loss or the desire to be healthy is usually top of mind as a New Year's resolution.

When it comes to weight loss, there are plenty of fad diets to choose from. Many of these diets that promise fast results, but with limited nutrition, can be unhealthy and often the results do not last.

According to the Centers for Disease Control and Prevention (CDC), the key to achieving and maintaining a healthy weight is a lifestyle choice. This lifestyle choice includes long-term goals, such as healthy eating habits, regular

physical activity (60–90 minutes per day) and a steady balance of the number of calories you consume with the number of calories your body uses. If you lose weight gradually and steadily (approximately one to two pounds per week), you will be more successful at keeping the weight off.

To help you on your weight-loss journey, the CDC recommends the following:

- Make a commitment to lose the weight.
- Assess your current health.
- Set realistic goals.
- Identify resources for information and support.
- Continually monitor your progress.

Before beginning any diet or exercise routine, be sure to talk with your health care provider. ■

A Change to Your TRICARE Pharmacy Benefit

change to the TRICARE Pharmacy benefit, which went into effect Oct. 1, 2015, requires all non-active duty service members and their eligible family members to fill select brand-name maintenance drugs through TRICARE Pharmacy Home Delivery or a military pharmacy. Maintenance drugs are drugs you take regularly to control such conditions as high blood pressure or high cholesterol. The affected drug list is available at www.health.mil/selectdruglist.

If your drug is included in this list, you may get up to two 30-day refills of your prescription from a TRICARE retail network pharmacy before you are required to switch to home delivery or a military pharmacy. Call your military pharmacy to see if your drug is available. If you choose to keep using a TRICARE retail network pharmacy, you will pay the full cost for your drug.

The TRICARE Pharmacy Program contractor, Express Scripts, Inc. (Express Scripts), sent a letter to all affected beneficiaries in September 2015 explaining the new options. If you got a letter and have questions, call Express Scripts at 1-877-363-1303.

If you get a prescription for a maintenance drug that is on the affected drug list and you fill the drug at a TRICARE retail network pharmacy, you will get a letter from Express Scripts explaining your options for filling your prescription.

For more information about the TRICARE pharmacy benefit change, visit www.tricare.mil/RxNewRules. If you live overseas or have other prescription drug coverage, you are not affected.

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TRICARE Young Adult Program Premiums for 2016

RICARE Young Adult (TYA) Prime and TYA Standard premiums are established each calendar year. Beginning Jan. 1, 2016, the new monthly premium rates are as follows:

TRICARE Young Adult (TYA) Plan	2016 TYA Monthly Premium
TYA Prime	\$306
TYA Standard	\$228

TYA premiums are required to cover the full cost of health care received by TYA beneficiaries. For the first time since TYA was created in 2011, there is enough cost data to set premiums based on the cost of care that TYA beneficiaries receive.

TYA offers open enrollment; if you qualify, you may purchase coverage at any time. Ongoing premiums must be paid in advance by automated electronic payment. Premiums do not count toward your deductible or catastrophic cap.

TYA is not the only health care coverage option for young adult dependents who are aging out of TRICARE. Young adults and their families should research and compare TYA

with other options, such as coverage through an employer, college health plans, or plans available through the Health Insurance Marketplace at www.healthcare.gov. Premium assistance or state Medicaid coverage may be available through the marketplace based on income, family size and state of residence.

The Affordable Care Act (ACA) requires most Americans to maintain basic health coverage, called minimum essential coverage. Most people who do not meet this provision of the law will have to pay a tax penalty for each month they did not have adequate coverage. The penalty will be collected each year with federal tax returns. Please note that TYA meets the minimum essential coverage requirement under the ACA. To continue meeting the minimum essential coverage requirement for each month of coverage, your TYA premiums must be up to date. For ACA tax questions, visit www.irs.gov/aca. For more information on TYA, including who qualifies and how to purchase coverage, visit www.tricare.mil/tya.

Understanding the Right of First Refusal

ilitary hospitals and clinics have the right of first refusal (ROFR) in providing specialty care to TRICARE Prime beneficiaries. This means that when you are referred for specialty care or treatment, your local military hospital or clinic must first be considered if the services are available there. If the military hospital or clinic has the capability to provide your specialty care, you will get treatment at the military hospital or clinic and not from a civilian provider.

ROFR is cost-effective for both you and TRICARE. By using military hospitals or clinics, there is no added cost of involving civilian providers and you may avoid a copayment.

Who does ROFR affect?

ROFR applies to TRICARE Prime beneficiaries who are referred for specialty care. You must be offered an appointment with a specialist within 28 calendar days, or sooner, and within a one-hour travel time from your home.

How does ROFR work?

Your regional contractor will send a referral request for specialty care to your local military hospital or clinic. If the military hospital or clinic can accommodate your specialty



care need, it will notify your regional contractor of acceptance. If not, your regional contractor will give you a referral to a civilian network provider.

What do I need to do?

Your military hospital or clinic may call you to schedule an appointment. Your regional contractor will notify you of your military hospital or clinic's acceptance and give instructions for making an appointment. If you have any questions, call your regional contractor. ■

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TRICARE Eligibility for Families with Multiple Sponsors

ife changes such as marriage, divorce, birth or adoption can result in spouses or dependents with TRICARE eligibility under multiple sponsor Social Security numbers. If this occurs, you must select one sponsor for your dependents and update this information with your uniformed services identification (ID) card-issuing facility. If both spouses are active duty service members, they are not eligible for TRICARE as each other's dependent.

Eligibility under multiple sponsors is not coordinated like other health insurance. Claims will not be paid under both sponsors for the same service to reduce or eliminate out-of-pocket expenses. Instead, eligibility under multiple sponsors can lead to delays in processing referrals and prior authorizations, and higher out-of-pocket costs.

To see if your family has more than one eligible sponsor listed in the Defense Enrollment Eligibility Reporting System (DEERS), log in to www.hnfs.com to view your records before visiting your local ID card-issuing facility to update your information. Only a sponsor (or a sponsor-appointed individual with valid power of attorney) can add family members in DEERS. Visit www.dmdc.osd.mil/rsl to find a facility near you.

Notice of Privacy Practices

he Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you the right to be informed of the privacy practices of your health plans and those of most of your health care providers, as well as to be informed of your individual rights with respect to your protected health information.

Health plans and covered health care providers are required to develop and distribute a Notice of Privacy Practices (NoPP) that provides a clear explanation of these rights and practices. The NoPP is intended to make you aware of privacy issues and concerns, encourage you to exercise your rights and prompt you to have discussions with your health care plan administrators and health care providers.

Visit www.tricare.mil/privacy/hipaa to view the Military Health System NoPP. For other privacy concerns, contact the Health Net Federal Services, LLC Privacy Compliance Office at hnfs.privacy@healthnet.com. ■

Your 2015 Affordable Care Act Tax Form

The Affordable Care Act (ACA) requires most Americans to maintain basic health care coverage, called minimum essential coverage. TRICARE meets the minimum essential coverage requirement under the ACA. For tax year 2015, an Internal Revenue Service (IRS) tax form is required to prove that you had minimum essential coverage during 2015. The Department of Defense will report your 2015 TRICARE coverage to the IRS.

You will get an IRS Form 1095 listing your TRICARE coverage status for each month in 2015. The pay center that services your military, annuity or pension pay will provide you with your IRS Form 1095 by Jan. 31, 2016. If your military pay is serviced by the Defense Finance and Accounting Service, you can find more information at https://mypay.dfas.mil. For information about the IRS tax forms, visit www.irs.gov. ■

Health Insurance Marketplace Open Enrollment Closes Soon

Open enrollment for 2016 health plans runs Nov. 1, 2015—Jan. 31, 2016 on the Health Insurance Marketplace at www.healthcare.gov. If you do not enroll in a plan by Jan. 31, you will not be able to enroll through the Health Insurance Marketplace until the next open enrollment period unless you experience a qualifying life event, such as losing TRICARE eligibility, getting married or having a baby. For more information, visit www.tricare.mil/aca.

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Health Net Federal Services, LLC P.O. Box 2890 Rancho Cordova, CA 95741

TRICARE

An Excellent Value

- **■** Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access



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Follow-up Outpatient Mental Health Care

any military families face unique challenges, including the cycle of deployment and reintegration, frequent moves and, for some, the loss of a loved one. These experiences affect service members and their families, and sometimes cause more serious mental health conditions that require hospitalization. Follow-up outpatient care after a mental health hospital stay can make for a safer, lower-stress transition from the hospital to home.

If you or a loved one was recently hospitalized due to a mental health condition, it is important to:

- Follow up with a mental health care provider within one week of discharge.
- Take all medications as prescribed.
- Take extra care of yourself in the early stages after discharge.

In the TRICARE North Region, fewer than half of beneficiaries assigned to civilian primary care managers get outpatient mental health care within a week of discharge. About two-thirds of those beneficiaries get follow-up care within a month of discharge.

Health Net Federal Services, LLC (Health Net) offers mental health resources and teleclasses for TRICARE North Region beneficiaries. Additionally, TRICARE's Case Management Program allows for a case manager to work one on one with the beneficiary and his or her family to assist in managing follow-up care.

For more information about mental health care and the Case Management Program, contact Health Net at 1-877-TRICARE or visit www.hnfs.com. Visit www.hnfs.com/go/teleclass to view available teleclasses and register online.